

# **California School-Based MAA Manual**

## **SECTION 6**

### **MAA Time Survey**

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## **Determining Which Staff Should Time-Survey**

To determine which LEA staff might time-survey, two factors must be considered:

1. Determine which staff perform MAA, and
2. Ensure that appropriate nonfederal funds are expended for MAA in order to receive federal reimbursement.

To determine which staff perform MAA, it is necessary to work with the relevant LEA management and/or administrative staff to discuss both claimable MAA and the various activities performed by staff under the various district or COE programs. It is important to match up the various LEA activities with MAA to ensure that the appropriate staff members are selected. A staff listing or organization chart is helpful to identify LEA functions, staff classifications, and lines of supervision.

Once the potential staff classifications are selected, it is necessary to ensure that sufficient appropriate nonfederal funds are expended to receive federal reimbursement for the costs of the selected staff. **Staff positions that are funded 100-percent by federal dollars may not participate in the MAA program, because the Federal Government is already paying its share of costs. Staff may not participate in the MAA program in the proportion of which their positions are federally funded.**

## **Time Survey Process**

The MAA time survey is the basis of the claim for federal funds, and its completion must be done with strict controls on how it is conducted and how time is recorded.

The time survey is to be a representative sample of staff's work, which is to be used as the basis of the MAA claim. To claim for an entire year, the LEA must time survey, with the survey time periods randomly selected by DHS. The LEC/LGA shall be notified no later than the last day in May annually of the first-quarter time survey week. The DHS-selected second-, third-, and fourth-quarter survey weeks will be reported to the LEC/LGA within a reasonable time before the survey is to begin.

The fourth-quarter survey may be an average of the prior three quarters or may be time-surveyed. To create an average for the fourth quarter, staff within the LEA must have time-surveyed during each of the first three quarters. If an LEA cannot create an average for the fourth quarter and would like to submit an invoice for the fourth quarter, see below. If the LEA chooses not to use the average, it must time-survey in the fourth quarter if they wish to invoice for the fourth quarter.

**4<sup>th</sup> Quarter Invoicing Methodology** A weighted average will be used to calculate claims for the fourth quarter. The time survey results for all staff in a claiming unit that surveyed the first, second and third quarters will be averaged using a simple average. Those individuals that did not time survey in all of the previous three quarters must time survey in the fourth quarter in order to be included in the fourth quarter invoice. The

results would be averaged into the first group using a weighted average. For instance, a claiming unit consists of five staff. Three staff time surveyed the first 3 quarters, Staff person #4 hasn't time surveyed at all, and Staff person #5 time surveyed the second and third quarter. Staff persons' #4 & #5 must time survey the fourth quarter. Their results would then be averaged into results from the existing average for quarters 1, 2, and 3, using a weighted average. See below for example:

Staff	1	2	3	4	5
Time Survey	1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> qtr	1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> qtr	1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> qtr	Hasn't time surveyed 1 <sup>st</sup> , 2 <sup>nd</sup> , or 3 <sup>rd</sup> quarter	Time surveyed 2 <sup>nd</sup> and 3 <sup>rd</sup> quarter
MAA time for one activity	Average 11.2 hours	Average 11.2 hours	Average 11.2 hours	15.5 hours	21 hours
Weighted Average	$11.2+11.2+11.2+15.5+21 = 70.1$ ; $70.1/5=14.02$ hrs for one activity; $14.02 /40$ (40 in this example is the average paid hours for included staff)= 35.02%				

This is done for all activities, MAA and non-MAA. The total time on the survey must equal 100%.

Claiming units may begin claiming during any quarter of the fiscal year if they participate in the time survey week. If a claiming unit wishes to begin claiming during the fourth quarter, they must time-survey during the randomly selected fourth-quarter survey week.

The survey is to be completed by all staff that will participate in MAA. In order for staff to be familiar with the various MAA activity codes, training is required. Training should be conducted the week prior to the time survey. Only in the first quarter of 2003/2004, time survey training may be conducted during the time survey week. **All staff who time-survey must participate in time survey training annually.**

All forms must be completed during the time survey week with either the hard copy or electronic (when available) format chosen for use. **Pencil may be used for the survey, with the exception of signatures, which must be ink, specifically not black ink, so original status can be determined.** No whiteout can be used: all errors must be thoroughly erased or stricken through, corrected, and initialed. Time recorded must be paid time only, and sufficient backup must be maintained to verify hours paid equals time surveyed. Staff should time-survey daily to ensure accuracy of time recorded.

## **Time Survey Documentation**

Each operational plan participant identified on the Grid shall have time-surveyed each day of the five-day time survey period. When schools are not in session or staff is off track on the start day of a survey period, they shall begin their survey the day following the beginning of the next session and continue for five consecutive days. When the survey period extends into the following quarter, those days shall count within the preceding quarter.

If 5 consecutive days cannot be completed before staff are out of session for more than 1 month, they must time survey five consecutive school days beginning the first day following the day of their return.

The time survey activities found in Section 5 require that each participant code only the hours paid according to their contract during the five-day survey week, capturing all activities and using the correct codes. (For example, a participant works a 10-hour day but is only paid for eight hours. The participant should only code 8 hours, starting from when school begins. Worked hours often exceed the paid hours but MAA is reimbursement for paid time only.) Each participant must provide a minimum of two specific samples on the back of the survey of any activities they performed in Codes 4, 6, 8, 10, 12, 14, and 15. The survey will be retained in each claiming unit audit folder.

Local and regional MAA coordinators are responsible for ensuring that staff are completing time surveys during the time survey period. Coordinators must also help staff complete their time survey forms accurately and verify via the sample documentation that staff have completed the forms correctly before placement in the audit file. Audit files are subject to state and federal review.

## **Time Survey Administration**

The responsibility for proper administration of MAA Time Surveys is shared by the individual participant, the participant's supervisor, the LEA MAA Coordinator, the LEC/LGA MAA Coordinator, and DHS.

The time survey process, form, and training summary have been approved by CMS. Significant changes in the MAA program require prior review by CMS.

DHS designates the time survey periods, issues the time survey form and training materials, trains LEC/LGA MAA Coordinators, and reviews time survey forms and the audit file during site visits.

LEC/LGA MAA Coordinators assist DHS by training LEA MAA Coordinators on the MAA program, time survey, and audit file. They provide DHS materials and updates to the local coordinators.

LEA MAA Coordinators are responsible for training all time survey participants, reviewing each time survey form for completion and correctness, ensuring that the surveyed activities are claimable, and maintaining the original time survey forms in the claiming unit audit file. The supervisor of the time survey participant verifies that the number of paid hours recorded are the actual hours paid and that the activities are proper within the job classification. Each time survey participant attends time survey training to learn which MAA activities are within their scope of work and how to properly document their paid time. Each individual is responsible for completing the form as instructed.

### **Time Survey Review Process**

For compliance assurance, DHS requires the three-step process before inclusion in the invoice.

#### **1. Site Supervisors of Time Survey Staff**

The first review will be by the Supervisor. He/she will review for the following;

- (1) samples are completed for MAA codes
- (2) hours indicated are the employees paid workday; and
- (3) all totals are accurate and complete.

If the Supervisor finds problems with a survey they must be corrected by the participant and returned to the Supervisor. Once approved by the Supervisor they are forwarded to the LEA MAA Coordinator.

#### **2. LEA MAA Coordinators and Surveying Staff Site Supervisors**

The second review is more comprehensive and includes the careful review of samples, training dates, job description and other elements which must align with the Operational Plan (OP). When problems are found which require correction or further training the LEA Coordinator contacts the individual participant. The surveying participant must correct their survey, and/or be provided with additional training as necessary. Only the survey participant can provide corrections in relation to the clarification of sample activities and/or amount of time per code. If the survey cannot be corrected, it will be removed from the sample. *Sample activity descriptions must maintain a minimum of 80% accuracy for the unit to meet audit compliance.* Time surveys that have not been corrected prior to the following quarter survey period will be removed from that quarter invoice.

#### **3. LEC/LGA MAA Coordinators**

It is the responsibility of the LEC/LGA Coordinators who signs the invoice and claiming grid to assure the accuracy of the time surveys, and compliance with the school based claiming manual. Each LEC/LGA will conduct ongoing reviews of LEA claiming units every 3 years. These reviews should consist of desk and field reviews of all completed time surveys and any training materials used by the LEA. This review function shall be performed by the LEC/LGA, and cannot be subcontracted.

The following must be performed by the LEC/LGA coordinator:

- Attending time survey trainings conducted by or for LEAs.
- Holding LEA Coordinator meetings following time survey periods to enhance LEA Coordinator review of surveys
- Develop, coordinate or provide additional time survey training as necessary before each quarter.
- Identify regional/county time survey questions and seek clarification through the LEC Committee and approval through the DHS.
- Identify random LEAs for Operational Plan review and Audit file compliance.

### Role of Vendors

Many LEAs use vendors to help them administer the MAA program. Some parts of the review process/quality control may be contracted out, and other parts cannot be contracted out. In general, LEC/LGA quality control and time survey review must be performed by the LEC/LGA, and cannot be performed by the vendor.

For example:

Vendors supporting either the LEA or LEC/LGA:

- Can conduct training for time survey, operational plan and invoice
- Can prepare LEA invoices for LEC/LGA signature
- Can review time surveys for the LEA
- Cannot perform LEA site reviews at the LEC/LGA level
- Cannot perform LEA time survey reviews at the LEC/LGA level

Ultimate responsibility for all valid claims, deferrals, and disallowances lies with the LEC/LGA.

### DHS Claiming Unit Reviews

Quarterly, randomly selected LECs and LGAs will be required to submit 50 time surveys. DHS will perform an initial desk review followed by site reviews as necessary at the LEC/LGA or claiming unit office. Upon conclusion of the review a final written report reflecting positive and negative findings and recommendations for improved performance will be issued in a timely manner to the LEC and LGA Committees. Every LEC/LGA submitting LEA claims will be required to submit at least 50 time surveys annually at designated times chosen by DHS.

### Time Survey Review Standards

At each level of review, compliance will include but not be limited to:

- Clean, legible recording of hours or portions of hours for the entire paid workday.
- Correct totaling of MAA and Non-MAA hours.
- Correct sample descriptions for MAA activities. The MAA activity must be referenced in their duty statement.

- Signature and date of participant and supervisor within required time.

Field reviews conducted at each level will constitute the additional review of the following:

- Matching the individual's job classification on the time survey to their job classification on the claiming grid
- Training rosters showing date survey staff was trained.
- Comparison of paid contract hours vs. surveyed hours.
- Review of audit binders as required in the MAA manual.

### Non-Compliant Surveys

Time surveys that don't meet the above standards will not be allowed for claiming in that invoice quarter, and cannot be used to average fourth quarter results.

### LEA MAA Time Survey Form

The LEA MAA Time Survey Form has been developed using MS Office/Excel and can be found on the following two pages. The form can be downloaded from the MAA website at [www.dhs.ca.gov/maa](http://www.dhs.ca.gov/maa). Only the DHS-approved survey form can be used. Diskettes with forms can be provided to claiming units so that staff may use the electronic version, print out when completed, signed, and turned in to the appropriate supervisor for signature and maintenance in the local audit file.

## PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINSTRATIVE ACTIVITIES For use after 7/1/04

Training Date:

Name (Last, First, MI)		Job Classification		Employee Number		Claiming Unit (District)		School Site																								
<b>Record 5 consecutive days</b> - Start with first hour paid - Record the type of activity by code in <b>15-minute increments</b>	Date:		Date:		Date:		Date:		Date:		Total																					
	1	2	3	4	5	6	7	8	1	2		3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
1) School-Related, Educational, & other activities																																
2) Direct Medical Services																																
3) <b>Non Medi-Cal</b> Outreach																																
4) Initial <b>Medi-Cal</b> Outreach																																
5) Facilitating Application for <b>non-Medi-Cal</b> Programs																																
6) Facilitating <b>Medi-Cal</b> Application																																
7) Referral, coordination, and monitoring of <b>non-Medi-Cal</b> covered services																																
8) Ongoing referral, coordination, & monitoring of <b>Medi-Cal</b> covered services																																
9) Transportation for <b>non-Medi-Cal</b> services																																
10) Transportation-related activities supporting <b>Medi-Cal</b> covered services																																
11) <b>Non-Medi-Cal</b> translation																																
12) Translation related to <b>Medi-Cal</b> -covered services																																
13) Program planning, policy development, & Interagency Coordination relating to <b>non-Medi-Cal</b> services																																
14) Program planning, policy development, and Interagency Coordination relating to <b>Medi-Cal</b> services																																
15) <b>Medi-Cal</b> claims administration, coordination, & training																																
16) General Administration/ Paid Time Off																																
<b>TOTAL HOURS</b>																																
EMPLOYEE SIGNATURE		TELEPHONE NUMBER		DATE		SUPERVISOR SIGNATURE		DATE																								

Instructions: 1. Include 2–3 samples of activities for the designated Codes on reverse this form.

2. Complete the survey on a daily basis for the designated time survey period .Draw a vertical line through columns that represent days that are unpaid (unpaid leave)

3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).

4. Record time in 15-minute increments. If using decimals, use .25, .50, .75. If using fractions, use 1/4, 1/2, 3/4

5. At the end of the day, total each column in the “Total Hours” column. Each day must equal all hours for which paid that day..

6. Be sure to include all training, paperwork, clerical activities, and staff travel required to complete each activity for codes 1–16 during the survey period.

7. If hours paid equal more than 8, continue on second survey form.

8. Confirm the sum in the bottom right hand corner equals the sum of the bottom row. Sign &amp; date your survey the last day worked &amp; give it to your supervisor. If used two pages, sign the second page also.



The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three samples of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. Some examples have been included as a reference.

**CODE 4. Initial Medi-Cal Outreach:** Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Samples: \_\_\_\_\_  
\_\_\_\_\_

**CODE 6: Facilitating the Medi-Cal Application:** Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Include time performing paperwork, clerical duties, training, and staff travel required to complete these tasks. Use available information to expand enrollment in Medi-Cal.

Samples: \_\_\_\_\_  
\_\_\_\_\_

**CODE 8: Ongoing Referral, Coordination, and Monitoring of Medi-Cal-covered Services:** Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal,

Samples: \_\_\_\_\_  
\_\_\_\_\_

**Code 10: Transportation Related to Activities in Support of Medi-Cal-covered Services:** Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Samples: \_\_\_\_\_  
\_\_\_\_\_

**Code 12: Translation Related to Medi-Cal services:** Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Samples: \_\_\_\_\_  
\_\_\_\_\_

**Code 14: Program Planning, Policy Development, and Interagency Coordination related to Medi-Cal Services:** Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when collaborating with other agencies to evaluate a need for Medi-Cal services; monitoring Medi-Cal/mental health delivery in schools; developing Medi-Cal referral resources; or participating in committees to identify, promote, and develop Medi-Cal-covered services within the school system.

Samples: \_\_\_\_\_  
\_\_\_\_\_

**Code 15: Medi-Cal Administration, Coordination, Claims Administration, and Training:** Use this code for any activity directly related to Medi-Cal administration. Examples: time spent by MAA claiming unit coordinators, LEC/LGA coordinators, and time study participants in training/conferences/meetings related to the MAA program; administration, including overseeing, compiling, revising, and submitting claims and operational plans; and coordination.

Samples: \_\_\_\_\_  
\_\_\_\_\_

**Use additional pages for sample documentation of actual MAA performed as needed.**

Name (Last, First, MI)		Job Classification		Employee Number		Claiming Unit (District)		School Site																										
<b>If more than 8 hours per day, continue from page 1 in hours 9–16</b> - Record the type of activity in 15-minute increments	Date:		Date:		Date:		Date:		Date:		Total																							
	9	10	11	12	13	14	15	16	9	10		11	12	13	14	15	16	9	10	11	12	13	14	15	16									
	1) School/Education activities																																	
	2) Direct Medical Services																																	
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	9) Transportation for non-Medi-Cal programs																																	
	10) Transportation-related activities supporting Medi-Cal services																																	
	11) Translation related to non Medi-Cal-covered services																																	
	12) Translation related to Medi-Cal-covered services																																	
	13) M/C program planning, policy development, and Interagency Coordination related to non M/C services																																	
	14) M/C program planning, development, & Coordination related to Medi-Cal services																																	
	15) M/C administration, coordination, claims administration, and training																																	
16) General Administration/ Paid Time Off																																		
<b>TOTAL HOURS</b>																																		
EMPLOYEE SIGNATURE		TELEPHONE NUMBER		DATE		SUPERVISOR SIGNATURE		DATE																										

Instructions: 1. Include 2–3 samples of activities for the designated Codes on reverse this form.

2. Complete the survey on a daily basis for the designated time survey period.

3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).

4. Record time in 15-minute increments. If using decimals, use .25, .50, .75. If using fractions, use 1/4, 1/2, 3/4.

5. At the end of the day, total each column in the “Total Hours” column. Each day must equal all hours for which paid that day..

6. Be sure to include all training, paperwork, clerical activities, and staff travel required to complete each activity for codes 1–16 during the survey period.

7. If hours paid equal more than 8, continue on second survey form.

8. Confirm the sum in the bottom right hand corner equals the sum of the bottom row. Sign and date your survey the last day worked and give it to your supervisor. If used two pages, sign second page also.

## **Implications for the MAA Time Survey**

Staff who only perform MAA Medi-Cal Coordination, Claims Administration, and Training, and do not claim for any other MAA codes, are **not required** to time-survey.

Staff who perform MAA Medi-Cal Coordination, Claims Administration, and Training and who also perform other MAA **must** time-survey.

## **Direct Charging in Lieu of Time Survey**

Staff who perform MAA Medi-Cal Coordination, Claims Administration, Training and Fiscal Coordination are **not required** to time-survey. However, in order to qualify for direct charge reimbursement, participants must certify 100% of their time spent and be able to provide documentation-supporting this percentage. Documentation should include the method of keeping time records. Ongoing time records or logs would provide a good audit trail and would allow the claiming unit to claim for actual costs, which might vary each quarter. An overhead or indirect rate, established according to OMB A-87 principles, may be applied to personnel expenses. Their duty statements must show that these activities are part of their job.

The MAA OP requires the retention of position descriptions showing that MAA Medi-Cal Coordination, Claims Administration, and Training are part of the job of persons to be direct-charged. LEAs that have “generic” position descriptions for job classifications are required to include duty statements describing the specific MAA-related responsibilities.

Related operating expenses can also be direct-charged. Examples might include travel to MAA-related training, computer equipment or programming expenses, or training materials. Claiming units using service bureaus or consultants to assist in MAA Coordination, Claims Administration, and Training may direct-charge these expenses. These items must be included in the MAA OP. Assigning a MAA account number may be useful in isolating these expenses. Direct-charging some smaller expenses, such as printing time survey forms, may not be worth the effort as all direct-charge expenses must be subtracted from overhead costs.

Clerical staff and supervisors of time survey staff who will be included in the invoice, must either time survey or be included in the allocated cost pool.

## **Avoiding Duplication of Costs**

All costs that will be direct-charged on the MAA Invoice cannot also be included in other sections of a MAA claim.

## **Examples of Medi-Cal Providers Supporting Schools**

These providers are often referred to when performing activities related to MAA Outreach, Referral, Coordination, and Monitoring; Arranging Transportation; and Program Planning, Policy Development, and Interagency Coordination.

Audiologist  
Child Health and Disability Prevention Providers (CHDP)  
Clinical Laboratories or Laboratories  
Comprehensive Perinatal Services Program (CPSP)  
Dentists and Dental School Clinics  
Dietitians  
Dispensing Opticians  
Early and Periodic Screening, Diagnosis, and Treatment Providers (EPSDT)  
Hearing Aid Dispensers  
Home Health Agencies  
Hospitals  
Incontinence Medical Supply Dealers  
Intermediate Care Facilities including Nurse facilities  
Local Education Agency School Providers  
Medical Specialists  
Nurse services including Anesthetists, Midwives Practitioners  
Nurses Licensed Visiting/Vocational Nurse (LVN) and Registered Nurse (RN)  
Occupational Therapists  
Optometrists and Ophthalmologists  
Orthodontists  
Organized Drug Detoxification Providers  
Organized Outpatient Clinic (PH Clinic, Community Clinics)  
Personal Care Service Providers  
Pharmacies/Pharmacists  
Physical Therapists  
Physicians  
Podiatrists  
Providers of Medical Transportation  
Psychologists  
Respiratory Therapists  
Rehabilitation Centers  
Renal Dialysis Centers and community Hemodialysis Units  
Rural Health Clinics  
School Counselors with appropriate credentials/licenses  
Social Workers with appropriate credentials/licenses  
Short-Doyle Medi-Cal Providers (Mental Health Division)  
Skilled Nursing Facilities  
Speech-Language Pathologists and Therapists  
Supplemental EPSDT Providers (Mental Health)  
Trained Health Care Aide Services and Physician Assistants